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STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
Chickasaw Retreat and Conference Center
Great Room
4205 Goddard Youth Camp Road
Sulphur, OK 73086

August 14-16, 2015

10 Ronald Woodson, President of the Oklahoma State Board of Health, called the 402nd special meeting of the
11 Oklahoma State Board of Health to order on Friday, August 14th, 2015, at 6:04 p.m. The final agenda was
12 posted at 11:00 a.m. on the OSDH website on August 13, 2015; at 10:55 a.m. on the OSDH building entrance
13 on August 13, 2015; and at 1:00 p.m. on the Chickasaw Retreat and Conference Center Development
14 Building entrance on August 13, 2015.

15
16 ROLL CALL

17
18 Members in Attendance: Ronald Woodson, M.D., President; Martha A. Burger, M.B.A, Vice-President; Cris
19 Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, D.O.; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.;
20 R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

21
22 Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F.
23 Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention
24 and Preparedness Services; Mark Newman, Office of State and Federal Policy; Don Maisch, Office of
25 General Counsel; Janice Hiner, Senior Advisor to the Commissioner; VaLauna Grissom, Secretary to the
26 State Board of Health; Commissioner's Office: Diane Hanley, Maria Souther.

27
28 Visitors in attendance: See list

29
30 Call to Order and Opening Remarks

31 Dr. Woodson called the meeting to order. He thanked all distinguished guests and staff for their
32 attendance. He acknowledged special guests in attendance for the meet and greet as well as the Board
33 meeting.

34
35 Dr. Woodson introduced Tim Fallon, Retreat Facilitator – President of TSI Consulting Partners. Tim
36 Fallon has over 25 years of experience in organizational effectiveness and has worked with a variety of
37 industries from government to Fortune 500 companies. He has a unique and specialized expertise in
38 strategic planning specific to public health consulting with more than 39 public health or governmental
39 agencies. TSI Consulting Partners assisted the OSDH through its first strategic planning cycle and
40 uniquely understands the core challenges, strategic priorities, and Public Health Accreditation Board
41 (PHAB) standards for Public Health Departments nationwide

42
43 Tim Fallon provided a brief overview of the announce retreat objectives: review, update and finalize the
44 Department of Health Strategic Map: 2015-2020; consider the formal approval of the Department of
45 Health Strategic Map: 2015-2020; and conduct a Board Development Session to continue to enhance
46 Board of Health's effectiveness.

47 Tim Fallon directed attention to Dr. Woodson.

48 Dr. Woodson introduced guest speakers Steven Shepelwich and Elizabeth Sobel-Blum. Mr. Shepelwich is
49 a Senior Community Development Advisor at the Federal Reserve Bank of Kansas City. Steven leads the
50 Bank's workforce development program area. In this role, Steven has led research and outreach initiatives
51 on the District's workforce development landscape and its unbanked and underbanked markets. In support

1 of this work, he has also organized national conferences on innovations in consumer financial services,
2 asset-based approaches in rural development and workforce development strategies. Prior to joining the
3 Kansas City Fed, Steven worked with national organizations focused on expanding the roles of financial
4 institutions in low-income communities including leading banks and credit unions, microenterprise funds,
5 and affordable housing loan funds throughout the country. Steven began his career by working
6 internationally with microfinance, rural development, and refugee programs in Kenya, Burundi, and India
7 for over six years. A native of Fort Worth, Texas, Steven is a graduate of Texas A&M University,
8 Michigan State University, the Graduate School of Banking at the University of Wisconsin at Madison
9 and, most notably, the 2012 Midwest Banjo Camp.

10 Federal Reserve Bank of Dallas

11
12 Ms. Sobel-Blum is the community development research associate at the Federal Reserve Bank of Dallas,
13 where she designs and executes extensive research; reports on her findings in Banking and Community
14 Perspectives, e-Perspectives and special reports; and organizes and hosts conferences, other events and
15 partnerships. Her areas of focus include healthy communities (the intersection of community development
16 and health), small business and entrepreneurship, neighborhood stabilization and asset building. Before
17 joining the Dallas Fed in 2004, Sobel-Blum worked in the fields of international development, socially
18 responsible investing/corporate governance and market research. She earned a BA in history from
19 Northwestern University, an MA in international affairs from American University and an MBA at the
20 University of Texas at Dallas.

21
22 See *Attachment A* for the Healthy Communities Presentation of the Federal Reserve Bank of Kansas City
23 and Federal Reserve Bank of Dallas.

24
25 ADJOURNMENT

26 **Dr. Krishna moved to adjourn. Second Ms. Wolfe. Motion carried.**

27
28 **AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

29
30 The meeting adjourned at 7:31 p.m.

31
32 Saturday, August 15, 2015

33
34 ROLL CALL

35
36 Members in Attendance: Ronald Woodson, M.D., President; Martha A. Burger, M.B.A, Vice-President; Cris
37 Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, D.O.; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.;
38 R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

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43 General Counsel; Janice Hiner, Senior Advisor to the Commissioner; VaLauna Grissom, Secretary to the
44 State Board of Health; Commissioner's Office: Diane Hanley, Maria Souther.

45
46 Visitors in attendance: See list

47
48 Call to Order and Opening Remarks

49 Dr. Ronald Woodson, President of the Oklahoma State Board of Health, welcomed participants to the
50 meeting and thanked them for their commitment to improving the health of Oklahomans. He noted that
51 the Board had a lot of work to do during the Retreat and emphasized that today is "the heavy lifting day."
52 After having meeting participants introduce themselves, he invited Tim Fallon of **TSI Consulting**

1 **Partners** to facilitate the meeting.

2
3 Tim Fallon provided an overview of strategic effectiveness – an organization’s ability to set the right
4 goals and consistently achieve them.



5
6 Organizations with high strategic effectiveness:

- 7 ● Quickly formulate a “good enough” strategic plan.
- 8 ● Move immediately to implementation – letting implementation teach them the ways that the strategy
- 9 is on target and ways it needs to be improved.
- 10 ● Review progress on implementation regularly with honesty and candor.
- 11 ● Make needed adjustments based on what is working, what isn’t, and how the world has changed.
- 12 ● Focus on results, not activities.

13
14 Tim also provided an overview of the key elements of a strategic map to orient participants to the logic of
15 strategic mapping.

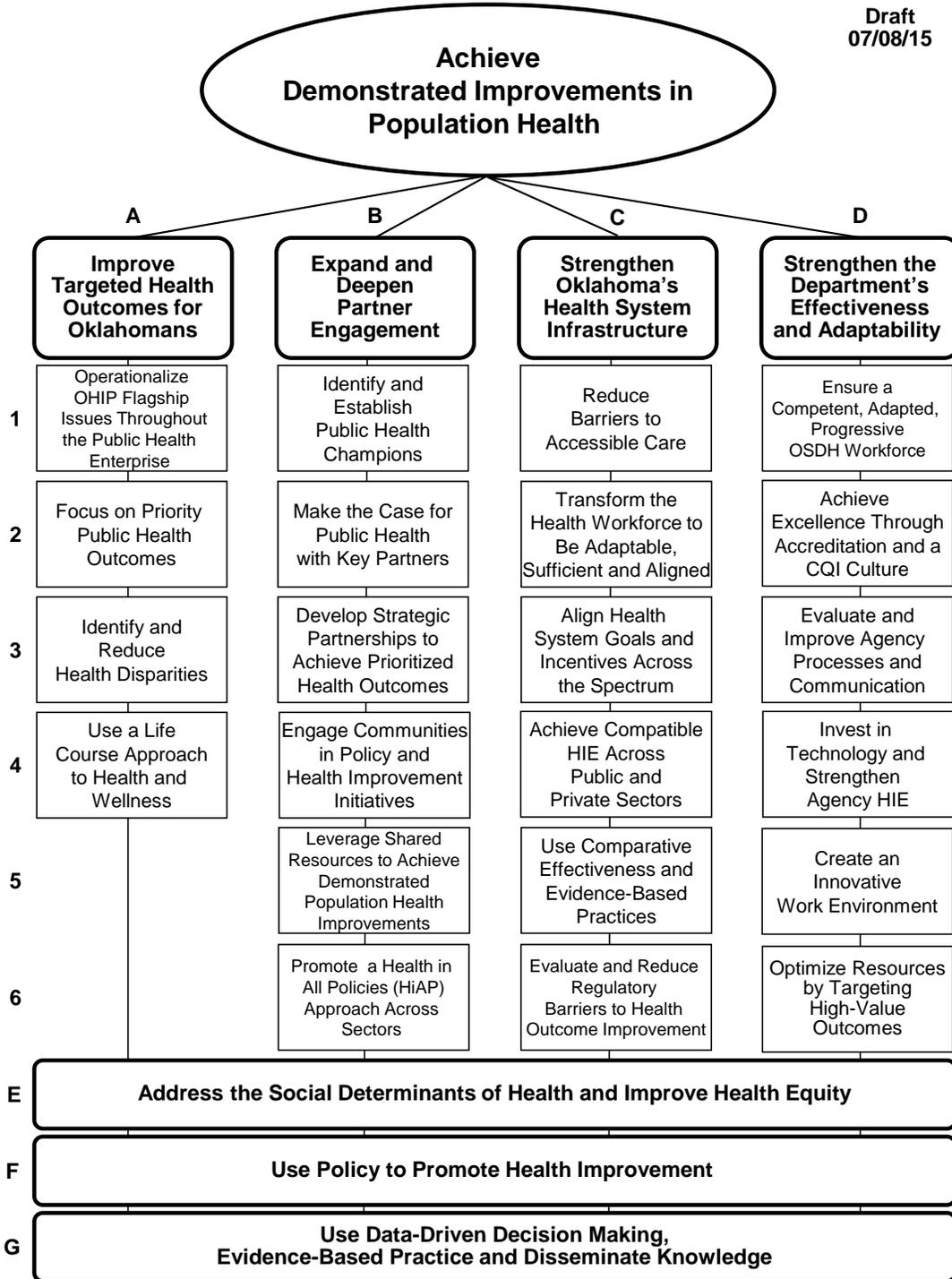
- 16 ● The oval at the top of the strategic map is the central challenge.
 - 17 ○ It is the focal point for the strategy.
 - 18 ○ It focuses on what the organization needs to do in the next three years to support its mission and
 - 19 vision.
- 20 ● The central challenge is supported by some number of strategic priorities. Strategic priorities are the
- 21 few critical things an organization must do in order to meet its central challenge. The number of
- 22 strategic priorities can vary, but it is never fewer than three or more than six.
- 23 ● There are two tests of a strategic priority:
 - 24 ○ Is each priority *necessary* to meet the central challenge?
 - 25 ○ Are the strategic priorities taken together *sufficient* to meet the challenge?
- 26 ● In strategic map logic, cross-cutting strategic priorities:
 - 27 ○ Are placed at the bottom of the strategic map to show that they are foundational to the strategy
 - 28 ○ Span the map from left to right to demonstrate that efforts to achieve the cross-cutting strategic
 - 29 priorities will be embedded in the efforts to implement all other strategic priorities on the map
 - 30 ○ No plan to implement the other strategic priorities will be considered adequate unless it includes
 - 31 emphasis on the cross-cutting strategic priorities.
- 32 ● The boxes under each strategic priority are strategic objectives. Strategic objectives spell out more
- 33 specifically “what to do” in order to achieve the strategic priority.

34 35 **Overview of Efforts to Date**

36 Dr. Terry Cline, Oklahoma Commissioner of Health, provided an overview of the draft strategic map,
37 presenting it to the Board for its review and consideration. A copy of the draft strategic map and timeline
38 appears on the next page.

**Oklahoma State Department of Health
Strategic Map: 2015-2020**

Draft
07/08/15



1		
2		
3	<u>Timeline</u>	
4	OSDH prepares strategic planning timeline for Board consideration	March – April 2015
5	Board Retreat Planning Committee Meeting	April 16, 2015
6	Tim Fallon and Stakeholder Focus Group	May 11, 2015
7	Tim Fallon and Board Retreat Planning Committee	May 11, 2015
8	Tim Fallon and OSDH staff facilitated strategic planning session	May 14, 2015

- 1 Board of Health Survey Strategic Map Input Period May 28, 2015
 2 OSDH Employee Comment Period on Draft Strategic Map June 9, 2015
 3 Refinement of Draft Strategic Map per Employee Comments June 30, 2015
 4 Board of Health Retreat/Finalize Strategic Planning August 14-16, 2015
 5 Implementation begins August 2015
 6
- 7 Feedback on the Draft Strategic Map
 8 Participants met in small groups to review the draft strategic map and respond to the following points:
 9 ● Strengths of the draft strategic map
 10 ● Issues or concerns with the draft strategic map
 11 ● Suggestions for areas that require further consideration
- 12 Strengths of the Map
 13 **Group 1: Charles Grim, Cris Hart-Wolfe, Martha Burger, Mark Nichols, Mark Newman, Don Maisch**
 14 ● Specific targeted issues
 15 ● Workforce – work place
 16 ● Easier to follow
 17 ● Focused on internal process
 18 ● Aligned goals across health systems
 19 ● Open to innovation
 20 ● Inclusiveness of people during the process
- 21 **Group 2: Gary Cox, Robert Stewart, Tracey Strader, Ronald Woodson, Murali Krishna, Terry Cline**
 22 ● Gathered a lot of input from many different people
 23 ● Emphasis on public-private partnerships
 24 ● Informal mandate from the public among the people who participated
 25 ● Overarching emphasis on health equity data
 26 ● Innovation
 27 ● Technology
 28 ● Strategic Priority B is the most direct path to reaching the public.
 29 ● Focus on health systems.
 30 ● The overall map is good.
- 31 **Group 3: Hank Hartsell, Toni Frioux, Jenny Alexopulos, Victoria Bartlett, Timothy Starkey**
 32 ● Partner engagement
 33 ● Evolution of Oklahoma Health Improvement Plan (OHIP) flagship issues
 34 ○ Emphasis on behavioral health
 35 ○ Inclusion of gaps in care
 36 ● Involvement of broad representation
 37 ● Evolved with more detail
 38 ● May be closer to working with health care providers than ever before
- 39 **Group 4: Gary Raskob, Julie Cox-Kain, Stephen Cagle, Janice Hiner, Tery Deshong**
 40 ● The map is comprehensive and balanced.
 41 ● Collaboratively developed
 42 ● Focuses on partner engagement; the health department can't achieve it alone.
 43 ● Column D is a strength; it addresses weaknesses and is responsive to needs.
 44 ● OHIP integration
 45 ○ Leverages opportunities
 46 ○ Avoids silos
 47 ● Cross-cutting strategic priority on evidence-based practices and data-driven decision making
 48 ● Policy is a way of making change.
 49 ● Optimizing resources/leveraging them
 50 ● Health in All Policies

1 Issues and Concerns2 Group 1

- 3 ● The map is not all-inclusive of what the Department of Health does.
- 4 ● Communication issues: where do I fit in?
- 5 ● Are all departments/counties aligned?
- 6 ● The process to join/meet organizational needs
- 7 ● Should “partnerships” be a cross-cutting strategic priority?
- 8 ● Innovation vs. government silo
- 9 ● Foster innovative approaches.
- 10 ● Is there sufficient emphasis on
 - 11 ○ Education?
 - 12 ○ Resources?

13 Group 2

- 14 ● Technology
 - 15 ○ Using it for communication
 - 16 ○ OSIS
 - 17 ○ ROVER
 - 18 ○ How we interface with the public on apps, etc.
- 19 ● Real-time data
- 20 ● Technology is so broad; it needs to be more targeted.
- 21 ● Challenge with operationalizing and changing the culture both internally and externally
- 22 ● Define what the term “health champions” means in Strategic Objective B-1.
- 23 ● Is anyone from the county health department meeting with hospital administration?
- 24 ● Develop curriculum for speakers to use.
- 25 ● Do county health departments send speakers to schools?
- 26 ● Hospitals believe the connection to the health department is regulatory-based, and the interaction is
- 27 negative.
- 28 ● Hospitals aren’t really interested in reducing illness.
- 29 ● A significant opportunity is that hospitals need to know how to do population health, and the health
- 30 department knows how to do that.
- 31 ● Engage employees – marketing it to the internal staff of the health department.
- 32 ● Offer value to the health system.
 - 33 ○ Be a person at the table, but not someone who owns the table.
 - 34 ○ Offer data/evidence/solutions as a knowledge vendor.
 - 35 ○ Cultivate health champions – Community Health Improvement Organizations (CHIOs).
- 36 ● Provide assistance in grant writing to secure a SIM grant for CHIOs.

37 Group 3

- 38 ● No focus on educating specific groups
 - 39 ○ Eliminated the health advocacy role
 - 40 ○ Educating the public should be central to the Oklahoma State Department of Health’s work.
- 41 ● Lack of uniformity in public school curriculum on health
- 42 ● Health is a learned behavior.
- 43 ● No mention of funding; “monitor funding opportunities” is weak.
- 44 ● Health care funding generally
- 45 ● Oklahoma’s reluctance to accept federal funding
- 46 ● There are other ways to accept federal funding besides state government.
- 47 ● Funding equals influence.
- 48 ● Education/advocacy could be a cross-cutting issue; it’s foundational.
- 49 ● Educate on the importance of taking care of our own health.
- 50 ● “Focus on prevention” was clearer in the previous map.
- 51 ● “Focus on funding” on the last map was clearer.

- 1 ● OSDH could be so focused on the details of the new plan that it could miss broader objectives and
- 2 priorities.
- 3 ● Not enough resources to close the gap on primary care
- 4 ○ There's a need to redistribute health care providers.
- 5 ○ We're at least a generation away.

6 **Group 4**

- 7 ● Effectiveness in making policy because the Department's hands are tied
- 8 ○ Educated citizenry about public health
- 9 ○ Needs investment in culture of health – which will be a generational investment
- 10 ● Resources/legislation
- 11 ● Hard decisions to make
- 12 ● Column D could be expensive.

13 **Suggested Areas for Further Consideration**

14 **Group 1**

- 15 ● Matching the plan to the Department structure in order to ensure Department-level alignment
- 16 ● Consider making “deepen partner engagement” a cross-cutting strategic priority.
- 17 ● Not sure of the intent of Cross-cutting Strategic Priority G on evidence-based practice and data-
- 18 driven decision making
- 19 ● Role of the Board/Department as resources
- 20 ● Define “terms” rather than using acronyms.
- 21 ● Some wordsmithing is necessary.

22 **Group 2**

- 23 ● Public relations by the county health departments – reaching out to:
- 24 ○ Farmers markets
- 25 ○ Hospitals
- 26 ○ Schools
- 27 ● Reorganize to cut back on FTEs in some areas.
- 28 ○ Put money/resources into efficient programs.
- 29 ○ Need a liaison within each institution.
- 30 ● Three areas not mentioned:
- 31 ○ Business community
- 32 ○ Faith communities
- 33 ○ Education
- 34 ○ Coordinating with these sectors includes prevention and health clinics
- 35 ● Be careful about “intrusive government.”
- 36 ● Make regulation more pleasant – consultative, collaborative.
- 37 ● Work with the Federal Reserve to leverage funding to address evidence-based programs like:
- 38 ○ Teen pregnancy
- 39 ○ Education
- 40 ○ Healthy food, etc.

41 **Group 3**

- 42 ● Add new cross-cutting goal on advocacy and education, emphasizing the value of:
- 43 ○ Public health
- 44 ○ Healthy communities
- 45 ○ Healthy lifestyle choices
- 46 ● Evolve the relationship with future health care providers at the high school level.
- 47 ● Continuous advertisement for prescription drugs

48 **Group 4**

- 49 ● Legislation/policy strategy
- 50 ● Cultural change

- 1 • The need to look at culture with a long view
2

3 Following the small group reports, discussion included the following points.

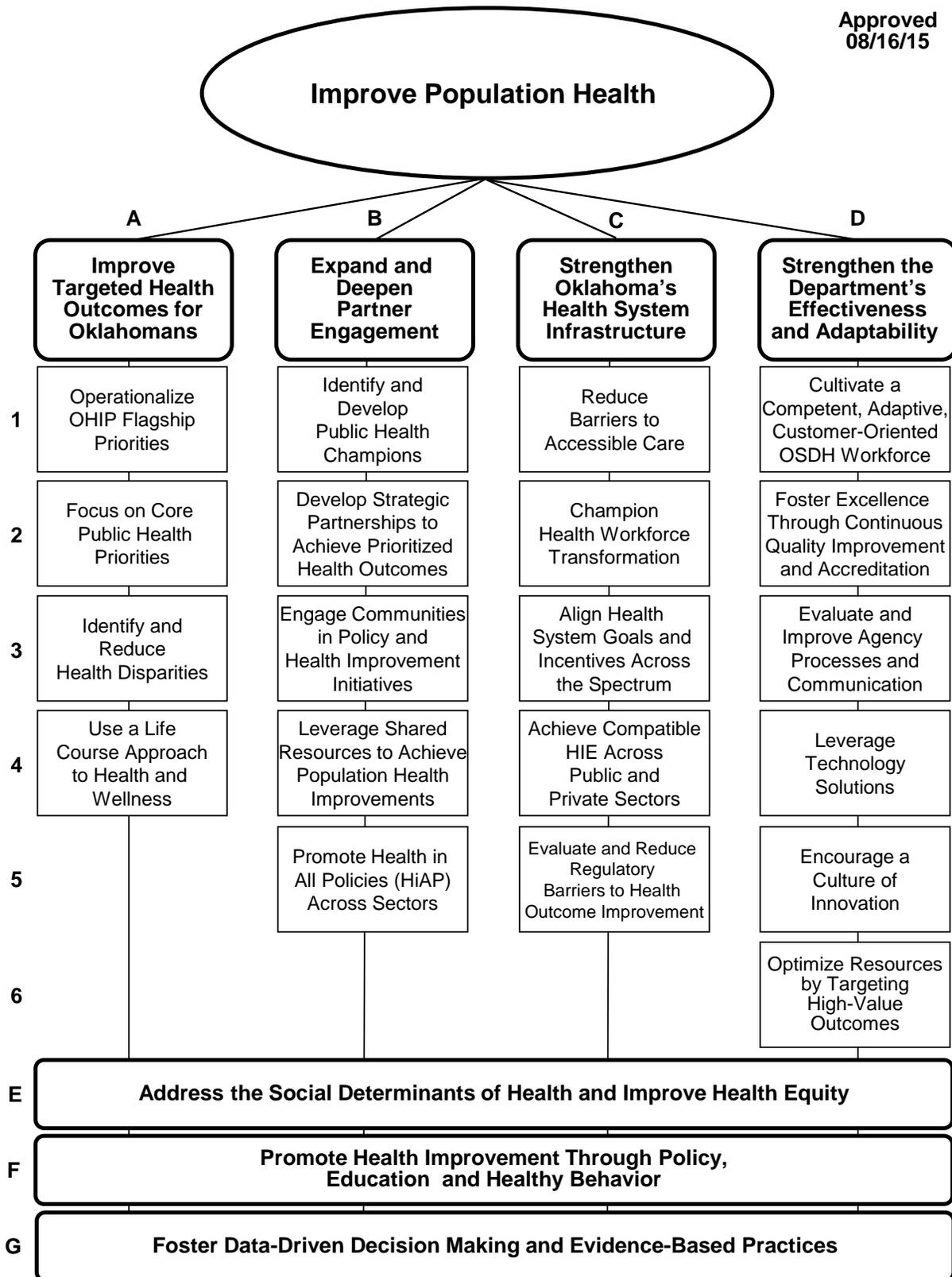
- 4 • We need to ensure that each of us is an ambassador for health, wellness and prevention.
5 • It's important for each of us to "practice what I preach."
6 • In Column C, the emphasis on transforming the health workforce may be overreaching. That is, it
7 may be more than the Department of Health can do.
8 • In considering the relationship between the Department of Health and health systems, it's important
9 to be clear about the appropriate future role.
10 ○ At present, the Department of Health is often considered a hammer because of its regulatory
11 role.
12 ○ How does it reposition itself to become a leader and partner?
13 • In order to reach youth and young adults, the Department needs to make much more effective use of
14 social media. This is an area for further development.

15 **Revising the Strategic Map**

16 Based on the points above and extensive discussion that followed, participants made a number of
17 modifications to the draft strategic map. The final version of the strategic map for the Board to consider
18 for approval appears on the following page.

Oklahoma State Department of Health Strategic Map: 2015-2020

Approved
08/16/15



1
2 Discussion of the strategic map included the following points.

- 1 ● The central challenge, “Improve population health:”
 - 2 ○ Emphasizes “moving the needle” – achieving measureable improvements on specific health
 - 3 issues that impact Oklahomans
 - 4 ○ Stresses using a population health approach – including working effectively with partners to
 - 5 address the needs of populations with unique health needs
- 6 ● Strategic Priority A, “Improve targeted health outcomes for Oklahomans:”
 - 7 ○ Focuses on addressing specific health issues that Oklahomans face
 - 8 ○ Emphasizes improving specific health issues identified by Oklahoma’s State Health
 - 9 Improvement Plan
 - 10 ○ Stresses achieving targeted outcomes that demonstrate health improvement
- 11 ● Strategic Priority B, “Expand and deepen partner engagement:”
 - 12 ○ Recognizes that the Department of Health will have limited impact if it works alone
 - 13 ○ Stresses working collaboratively with both public and private partners in order to achieve
 - 14 significant improvements in population health
 - 15 ○ Includes engaging communities and supporting their efforts to improve population health
- 16 ● Strategic Priority C, “Strengthen Oklahoma’s health system infrastructure:”
 - 17 ○ Focuses on using all of Oklahoma’s health assets to address and improve population health
 - 18 ○ Emphasizes increasing collaboration across such partners as public health, the health care
 - 19 delivery system and the entire public and private sectors
 - 20 ○ Includes aligning incentives and strengthening essential aspects of the health infrastructure –
 - 21 such as the health care workforce and Health Information Exchange – to achieve this priority
- 22 ● Strategic Priority D, “Strengthen the Department’s effectiveness and adaptability:”
 - 23 ○ Recognizes the need for the Department to develop the required capabilities to achieve Strategic
 - 24 Priorities A, B and C
 - 25 ○ Focuses on addressing the Department’s needs and issues in order to increase its effectiveness
 - 26 and adaptability
 - 27 ○ Includes increasing the Department’s emphasis on future requirements, innovation, and
 - 28 adapting to a changing external environment
- 29 ● At the bottom of the strategic map there are three cross-cutting strategic priorities. In strategic map
- 30 logic, cross-cutting strategic priorities:
 - 31 ○ Are placed at the bottom of the strategic map to show that they are foundational to the strategy
 - 32 ○ Span the map from left to right to demonstrate that efforts to achieve the cross-cutting priorities
 - 33 will be embedded in the efforts to implement all the other strategic priorities on the map
 - 34 ○ No plan to implement the other strategic priorities will be considered complete unless it
 - 35 includes emphasis on the cross-cutting priorities.
- 36 ● Cross-cutting Strategic Priority E, “Address the social determinants of health and improve health
- 37 equity:”
 - 38 ○ Recognizes the importance of addressing issues related to health equity in order to improve the
 - 39 health status of groups within the state that are disadvantaged in terms of health
 - 40 ○ Emphasizes the critical role that the social determinants of health – such as education, poverty
 - 41 and the built environment – have on the health status of Oklahomans
- 42 ● Cross-cutting Strategic Priority F, “Promote health improvement through policy, education and
- 43 healthy behavior:”
 - 44 ○ Focuses on the essential role of the Department of Health in promoting health improvement by
 - 45 emphasizing prevention
 - 46 ○ Emphasizes three ways the Department promotes health improvement: public policy,
 - 47 educational efforts, and promoting healthy behavior
- 48 ● Cross-cutting Strategic Priority G, “Foster data-driven decision making and evidence-based
- 49 practices:”
 - 50 ○ Emphasizes the Department’s efforts to model data-driven decision making and the effective
 - 51 use of evidence-based practice

- 1 ○ Includes encouraging partners and other organizations throughout the state to incorporate these
2 capabilities into their efforts to improve the health of Oklahomans
3
- 4 Strategic Priority A, “Improve targeted health outcomes for Oklahomans,” is supported by the following
5 strategic objectives.
- 6 ● Strategic Objective A-1, “Operationalize the Oklahoma Health Improvement Plan flagship
7 priorities:”
8 ○ Focuses on OHIP’s four flagship issues:
9 ■ Children’s health improvement
10 ■ Tobacco use prevention
11 ■ Obesity reduction
12 ■ Behavioral health improvement
13 ○ Emphasizes continuing efforts to reach the targeted goals established by the Oklahoma Health
14 Improvement Plan
- 15 ● Strategic Objective A-2, “Focus on core public health priorities:”
16 ○ Recognizes their critical importance in improving targeted health outcomes for Oklahomans
- 17 ● Strategic Objective A-3, “Identify and reduce health disparities:”
18 ○ Recognizes that even though many Oklahomans have optimal health, a number of populations
19 in the state experience significant disparity in areas such as infant mortality, life expectancy,
20 and so on
21 ○ Stresses efforts to identify, address and reduce these disparities
- 22 ● Strategic Objective A-4, “Use a life course approach to health and wellness:”
23 ○ Focuses on the importance of considering health and wellness across the entire life span from
24 prenatal care through end-of-life care
25 ○ Recognizes the significance of adverse childhood experiences (ACEs) and the impact these
26 experiences have on health throughout a person’s life
27 ○ Emphasizes using a life course approach in developing and delivering the Department’s
28 programs and services as a key strategy for achieving targeted health outcomes for Oklahomans
29
- 30 Strategic Priority B, “Expand and deepen partner engagement,” is supported by the following strategic
31 objectives.
- 32 ● Strategic Objective B-1, “Identify and develop public health champions:”
33 ○ Focuses on identifying thought leaders and other influential leaders throughout the state to serve
34 as champions for public health and advocates for health improvement efforts
35 ○ Emphasizes providing support, development and encouragement for these champions to help
36 them carry out efforts to improve health and encourage others to do so
- 37 ● Strategic Objective B-2, “Develop strategic partnerships to achieve prioritized health outcomes:”
38 ○ Focuses on extending the Department’s effectiveness by engaging both public and private
39 partners in carrying out health improvement efforts
40 ○ Emphasizes aligning the Department’s efforts to improve targeted health outcomes with the
41 health improvement agendas of partner organizations in order to increase effectiveness and
42 optimize resources
- 43 ● Strategic Objective B-3, “Engage communities in policy and health improvement initiatives:”
44 ○ Recognizes the critical role that communities health improvement efforts plan in improving the
45 health of Oklahomans
46 ○ Stresses supporting community health improvement initiatives, encouraging the use of best
47 practices in achieving population health improvements
48 ○ Emphasizes working with communities to identify and implement appropriate policies that
49 address the social determinants of health and foster improvements in population health
- 50 ● Strategic Objective B-4, “Leverage shared resources to achieve population health improvements:”
51 ○ Recognizes the extent of the challenge to improve health, particularly with the limited resources
52 available to the Department

- 1 ○ Emphasizes using partnerships to leverage needed resources – including people, organizational
- 2 capabilities, and finances – in order to achieve the greatest impact on population health
- 3 improvements
- 4 ● Strategic Objective B-5, “Promote Health in All Policies (HiAP) across sectors:”
- 5 ○ Recognizes the critical role that policy plays in fostering health
- 6 ○ Focuses on fostering Health in All Policies in order to address the social determinants of health
- 7 and foster the health of individuals and communities
- 8 ○ Emphasizes working across sectors to build awareness of health impact of public policy and
- 9 promote positive approaches to population health improvement

10
11 Strategic Priority C, “Strengthen Oklahoma’s health system infrastructure,” is supported by the following
12 strategic objectives.

- 13 ● Strategic Objective C-1, “Reduce barriers to accessible care:”
- 14 ○ Recognizes the importance of ensuring that Oklahomans have access to high-quality, affordable
- 15 health care no matter where they live in the state or what their economic circumstance are
- 16 ○ Stresses increasing the close working relationship between public health and the health care
- 17 delivery system in order to carry out this objective
- 18 ● Strategic Objective C-2, “Champion health workforce transformation:”
- 19 ○ Focuses on the Department’s role in developing an adequate supply of competent health
- 20 professionals across Oklahoma to meet current and future needs
- 21 ○ Emphasizes the Department’s role in working with appropriate partners to recruit, develop,
- 22 support and retain that workforce
- 23 ● Strategic Objective C-3, “Align health system goals and incentives across the spectrum:”
- 24 ○ Emphasizes the Department’s role in working with public and private partners to align health
- 25 system goals across the state
- 26 ○ Includes efforts to align financial and other incentives to improve the effectiveness of
- 27 Oklahoma’s health system
- 28 ● Strategic Objective C-4, “Achieve compatible Health Information Exchange across public and
- 29 private sectors:”
- 30 ○ Focuses on the critical importance of Health Information Exchange in supporting systematic
- 31 approaches to improving population health
- 32 ○ Emphasizes the need for both compatible HIE infrastructure and the appropriate use of HIE by
- 33 public and private partners
- 34 ○ Stresses the Department’s leadership and convening role in aligning organizations to achieve
- 35 this objective
- 36 ● Strategic Objective C-5, “Evaluate and reduce regulatory barriers to health outcome improvement:”
- 37 ○ Recognizes that transformational change across the health system requires appropriate
- 38 regulatory requirements and compliance efforts to meet current and future needs
- 39 ○ Includes efforts to optimize regulatory policies and remove regulatory barriers in order to
- 40 strengthen Oklahoma’s health system infrastructure

41
42 Strategic Priority D, “Strengthen the Department’s effectiveness and adaptability,” is supported by the
43 following strategic objectives.

- 44 ● Strategic Objective D-1, “Cultivate a competent, adaptive, customer-oriented Oklahoma State
- 45 Department of Health workforce:”
- 46 ○ Focuses on the Department’s workforce as an essential resource for ensuring the effectiveness
- 47 and adaptability of the Department
- 48 ○ Emphasizes the Department’s efforts to recruit, develop, support and retain an outstanding
- 49 workforce within the Department
- 50 ○ Stresses the essential competencies of that workforce – including a strong customer orientation
- 51 and the ability to adapt to rapidly changing needs and emerging opportunities

- 1 ● Strategic Objective D-2, “Foster excellence through continuous quality improvement and
2 accreditation.”
- 3 ○ Builds on existing efforts to instill a continuous quality improvement mentality and culture
4 throughout the Department
- 5 ○ Focuses on continuing efforts to achieve excellence using continuous quality improvement
6 methods and practices
- 7 ○ Includes ongoing efforts to both secure accreditation for local health departments throughout the
8 state and maintain the accreditation of those health departments that are already accredited
- 9 ● Strategic Objective D-3, “Evaluate and improve agency processes and communication.”
- 10 ○ Focuses on ongoing internal efforts to ensure that the Department’s processes are effective and
11 efficient
- 12 ○ Emphasizes improving both internal and external communication – including the appropriate
13 use of social media – to better link the Department internally, connect it with its public and
14 private partners, and communicate with people throughout Oklahoma
- 15 ● Strategic Objective D-4, “Leverage technology solutions.”
- 16 ○ Recognizes the gaps in the Department’s current technology and the effectiveness of that
17 technology in linking the Department with its partner organizations
- 18 ○ Focuses on investing in upgrading technology to provide appropriate solutions that will better
19 serve both the internal needs of the Department and the requirements of its partner organizations
20 throughout the state
- 21 ● Strategic Objective D-5, “Encourage a culture of innovation.”
- 22 ○ Recognizes that the rapidly changing external environment requires the Department to foster a
23 mindset and culture of innovation so that it can better meet current and future needs
- 24 ○ Stresses the critical role of leadership in fostering an innovative mindset and culture
- 25 ○ Links efforts to build that culture with the workforce development efforts outlined in Strategic
26 Objective D-1 and the other strategic objectives supporting Strategic Priority D
- 27 ● Strategic Objective D-6, “Optimize resources by targeting high-value outcomes.”
- 28 ○ Recognizes that the limitations of the Department’s resources require it to focus on the areas
29 with the greatest impact
- 30 ○ Prioritizes directing departmental resources on the areas that have the highest potential to
31 improve population health and foster the health of all Oklahomans
- 32

33 The meeting adjourned at 4:26 p.m.

34

35 Sunday, August 16, 2015

36

37 ROLL CALL

38

39 Members in Attendance: Ronald Woodson, M.D., President; Martha A. Burger, M.B.A, Vice-President; Cris
40 Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, D.O.; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.;
41 R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

42

43 Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F.
44 Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention
45 and Preparedness Services; Mark Newman, Office of State and Federal Policy; Don Maisch, Office of
46 General Counsel; Janice Hiner, Senior Advisor to the Commissioner; VaLauna Grissom, Secretary to the
47 State Board of Health; Commissioner’s Office: Diane Hanley, Maria Souther.

48

49 Visitors in attendance: See list

50

51 Call to Order and Opening Remarks

52 Dr. Woodson called the meeting to order at 8:41 a.m.

Approval of the Strategic Map

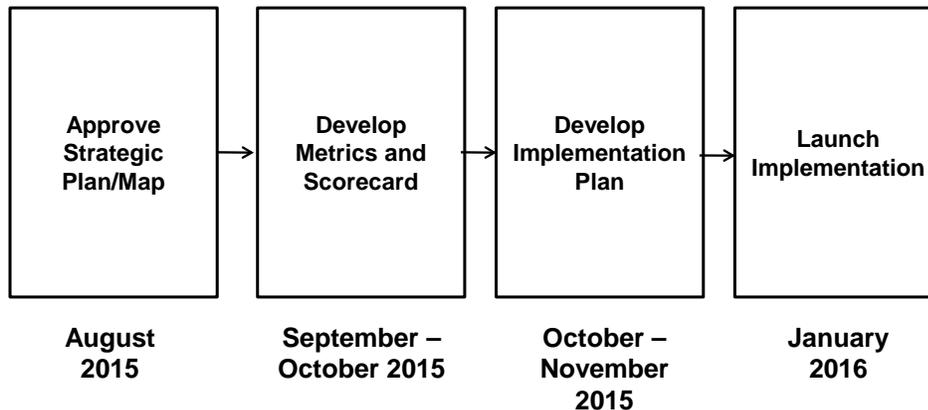
The Oklahoma Board of Health unanimously approved the Oklahoma State Department of Health Strategic Map: 2015-2020. It will guide the Department of Health for the next five years.

Ms. Wolfe moved to approve the 2015-2020 Strategic map. Second Dr. Gerard. Motion carried.

AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

Moving Forward with Implementation

Tim Fallon concluded the strategic planning portion of the Board Retreat by outlining the following next steps in moving forward with implementation planning.



The Board agreed to develop an ad hoc work group to help Department leadership align its metrics and scorecard with the Oklahoma State Department of Health Strategic Map 2015-2020. Board members with an interest in serving on the work group should indicate their interest to Dr. Woodson for his consideration in appointing the work group. As indicated in the above graphic, the work group will have a short tenure – from after the retreat until no later than December 31, 2015.

Board Development Session

Tim Fallon provided members of the Board of Health with an Assessment of Board Best Practices. A copy of that assessment can be made available by request with the Office of the Board of Health.

Each member of the Board of Health completed the assessment. A summary of the results can be made available by request with the Office of the Board of Health.

Discussion of the assessment results included the following points.

- The assessment shows clear strengths in the following areas as demonstrated by the high scores for those items.
 - Endorse the Oklahoma State Department of Health’s strategic plan and regularly reviewing process on its implementation (4.78 out of 5.0)
 - Support the Oklahoma State Department of Health’s efforts to secure and maintain accreditation, including monitoring its efforts in that regard. (4.78 out of 5.0)
 - Participate in the development and implementation of the Oklahoma Health Improvement Plan. (4.22 out of 5.0)
- A lower score on the item, “Maintain and strengthen Oklahoma’s health infrastructure,” is due to the Board’s limited ability to influence the needed infrastructure improvements.
- Several items on advocacy were rated lower than other items.
 - Develop and implement an advocacy agenda with legislators. (3.22 out of 5.0)
 - Develop and implement an advocacy agenda with public and private partners. (3.33 out of 5.0)

- 1 ○ Develop and implement an advocacy agenda with the general public. (3.22 out of 5.0)
- 2 ● Advocacy efforts with the Office of The Governor have been significant, primarily as a result of Dr.
- 3 Cline’s efforts.
- 4 ● The Board needs to consider whether it wants to take action to improve its advocacy efforts.
- 5 ● Although the Board has done a good job in participating in the development of the Oklahoma Health
- 6 Improvement Plan, it has been less effective in being engaged in its implementation.
- 7 ● One possibility the Board may want to consider is establishing a Performance Improvement
- 8 Committee.
- 9 ● The Board agreed to have the Retreat Planning Committee include Board development in its
- 10 responsibilities. This approach will ensure appropriate consideration of ongoing Board development
- 11 without establishing a separate committee for that purpose.
- 12

13 VaLauna Grissom provided Board members with a sample packet of resources for ongoing Board

14 development. She also updated the Board on:

- 15 ● Efforts to create an online portal that will provide a paperless way for the Board to manage its
- 16 materials, including online resources and tools for Board development
- 17 ● Plans to work with BoardSource and BoardMax to continue to provide appropriate resources for the
- 18 development of the Board and its individual members
- 19

20 The Board’s discussion of possibilities for next year’s Board Retreat included the following points.

- 21 ● The presentation by the Federal Reserve Bank was very helpful. Future meetings should continue to
- 22 provide this kind of input – either from third parties or partner organizations that are carrying out
- 23 significant health improvement initiatives.
- 24 ● Participants expressed appreciation of the current venue indicating that it provided an ideal
- 25 environment for the Board Retreat.
- 26 ● In considering future meeting sites, consideration should be given to:
- 27 ○ Meeting in different locations throughout the state
- 28 ○ Considering the possibility of negotiating a two-year contract with the site in order to ease the
- 29 burden of logistical arrangements with each site and to attempt to negotiate more favorable rates
- 30 ● Further consideration needs to be given to how to optimize the effectiveness of the “meet-and-greet”
- 31 on the first evening of the Retreat.
- 32 ● Although Board members differ on whether the retreat should be held on a weekend, most prefer
- 33 scheduling it to so that it doesn’t interfere with providers’ ability to see patients.
- 34 ○ One scheduling option to consider is beginning the retreat on Friday afternoon and concluding it
- 35 on Saturday evening.
- 36 ○ Another option is holding the retreat in a family-friendly environment so that spouses and
- 37 families can attend the event.
- 38

39 The Board concluded the Board Retreat by noting:

- 40 ● The retreat accomplished all of its intended objectives.
- 41 ● It was highly effective, particularly because it allowed for more interaction among the Board
- 42 members.
- 43 ● Board members agreed that this year’s retreat provides a good foundation to build on in planning
- 44 future retreats.

45 **Next Steps**

46 At the conclusion of the retreat, participants identified the following next steps.

47 TSI’s Next Steps

48 TSI will provide the following documents to VaLauna Grissom for distribution to session participants.

- 49 ● The Oklahoma State Department of Health Strategic Map: 2015-2020
- 50 ● A “presentation” version of the strategic map
- 51 ● A protocol for conducting a communications session to present the strategic map to key stakeholders
- 52 ● A comprehensive meeting summary of the Board Retreat

Reviewing Progress on Implementation and Making Adjustments

Tim Fallon outlined the following as possible elements of a “review and adjust process” for the Board of Health to use in building its strategic effectiveness.

- Use regular Board meetings for:
 - Implementation updates
 - Resolution of implementation issues/problems
- Conduct periodic review and adjust sessions once or twice during the year to:
 - Review of progress with implementation, including:
 - Accomplishments
 - Issues and problems
 - Lessons learned
 - Next steps
 - Make any needed adjustments to the strategic map and implementation plans
- Complete an annual strategy update session – which is typically a two or three-hour session – to:
 - Review progress on implementation.
 - Update the strategic map based on:
 - What was learned from implementation
 - What’s working and what isn’t
 - How the environment has changed
 - Set implementation priorities for the next 12 months.
 - Align financial and human resources with implementation priorities.

Other Next Steps

The following next steps are summarized earlier in this meeting summary. They are repeated here for convenience.

- The Board of Health agreed to develop an ad hoc work group to help Department leadership align its metrics and scorecard with the Oklahoma State Department of Health Strategic Map 2015-2020.
- Board members with an interest in serving on the work group should indicate their interest to Dr. Woodson for his consideration in appointing the work group. The work group will complete its work by December 31, 2015.
- The Retreat Planning Committee will include Board development in its responsibilities. This approach will ensure appropriate consideration of ongoing Board development without establishing a separate committee for that purpose.

PROPOSED EXECUTIVE SESSION

Dr. Krishna moved Board approval to move into Executive Session at 10:45 a.m. pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- Presentation concerning possible litigation regarding last legislative session.

Second Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

Dr. Stewart moved Board approval to come out of Executive Session at 11:37 a.m. and open regular meeting. Second Dr. Gerard. Motion carried.

AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

1 No action taken as a result of Executive Session

2

3 ADJOURNMENT

4 **Dr. Krishna moved to adjourn. Second Dr. Stewart. Motion carried.**

5

6 **AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

7

8

9 The meeting adjourned at 10:42 a.m.

10

11 Approved

12

13

14 

15 Ronald Woodson, M.D.

16 President, Oklahoma State Board of Health

17 October 6, 2015

HEALTHY COMMUNITIES

**Oklahoma State Board of Health
Meeting**

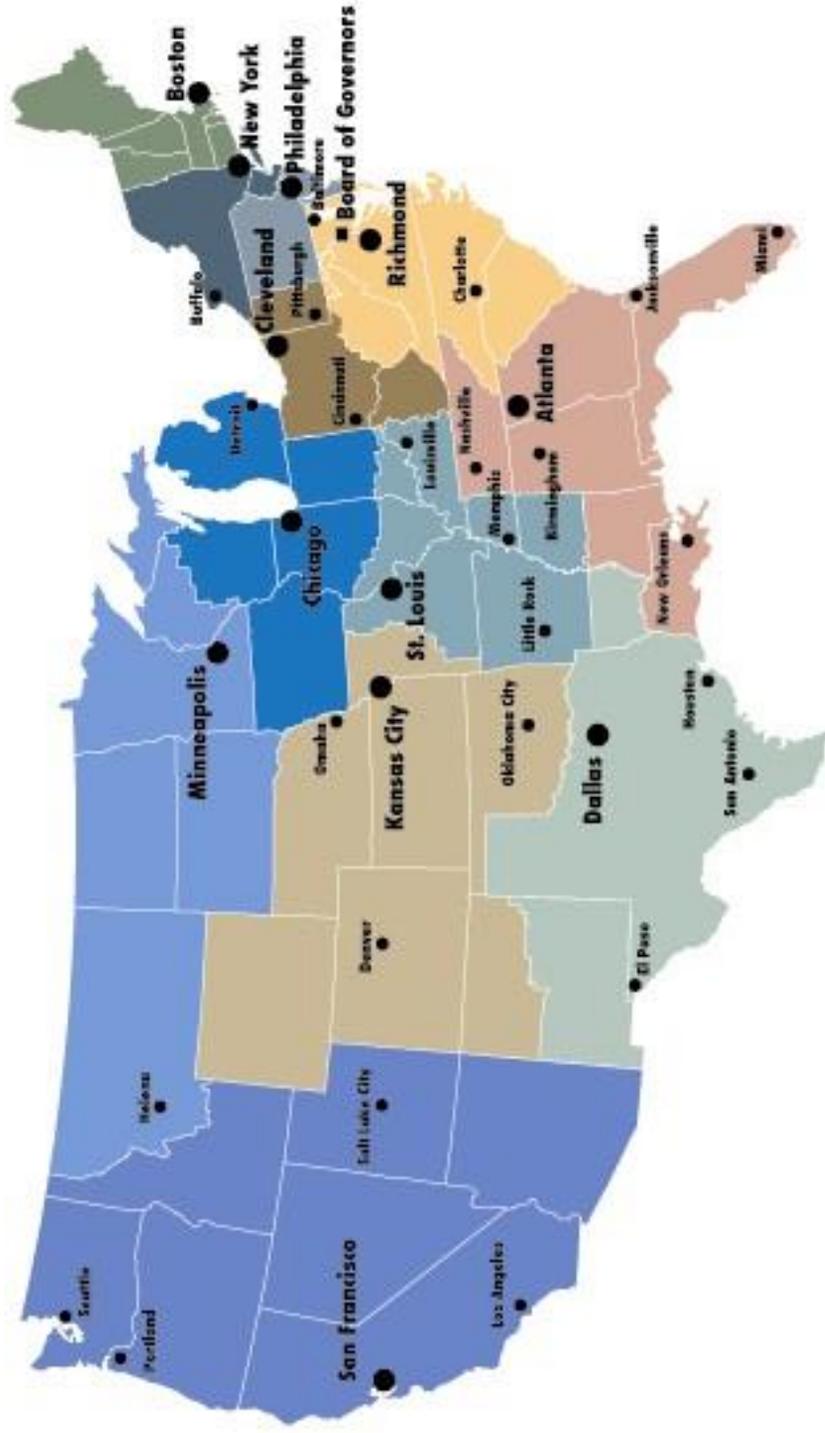
August 14, 2015

Steven Shepelwich
Senior Advisor
Community Development
**Federal Reserve Bank of
Kansas City**

Attachment A



The Federal Reserve System



Ensure a strong economy through monetary policy and supervision of the banking and payment systems.

Community Development at the Fed

- Community Development supports the Federal Reserve System's mission by promoting:
 - Community development
 - Fair and impartial access to credit, and
 - Access to banking services by the underserved.
- Our Approach
 - Research
 - Relationship building
 - Resource development
- Stakeholders include financial institutions, community development organizations, community groups, small business support organizations and government leaders.

Focus Areas in Oklahoma

- **Community Development Investments**
Support efforts by lenders to reinvest in their communities
- **Financial Stability for the Underserved**
Support financial security for individuals and families
- **Small Business Development and Sustainability**
Support small business and micro-enterprise development
- **Workforce Development Initiatives**
Support efforts that promote workforce development
- **Healthy Neighborhoods**
Support housing solutions and sustainable neighborhoods

HEALTHY COMMUNITIES

**Oklahoma State Board of Health
Meeting**

August 14, 2015

Elizabeth Sobel Blum
Senior Advisor
Community Development
Federal Reserve Bank of Dallas

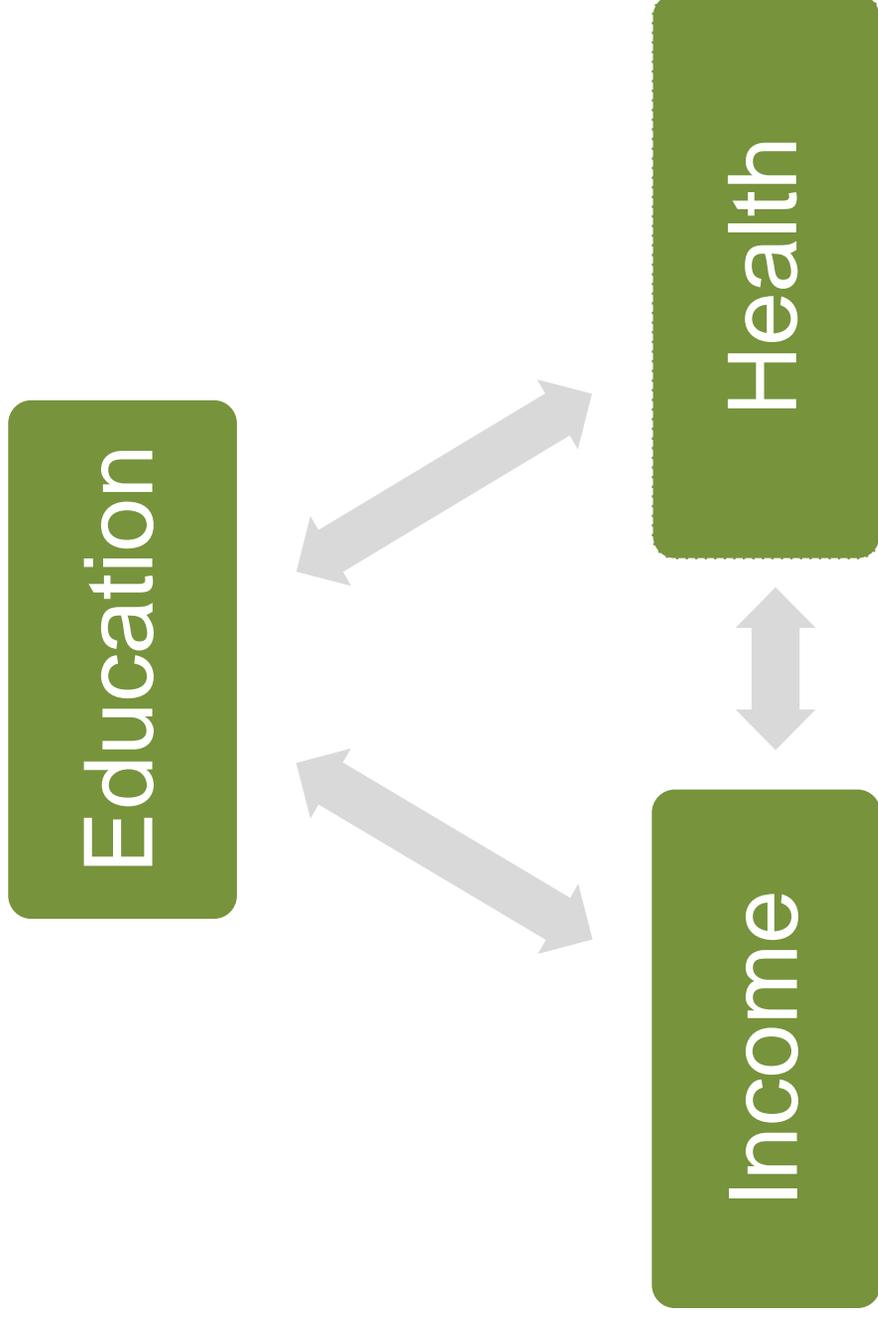


Health of our Nation, Health of our Economy

Disclaimer:

The views expressed here are the presenter's and not necessarily those of the Federal Reserve Bank of Dallas or the Federal Reserve System. Data and facts cited in this report are compiled from public and private sources deemed reliable at the time of presentation.

Health is an Asset



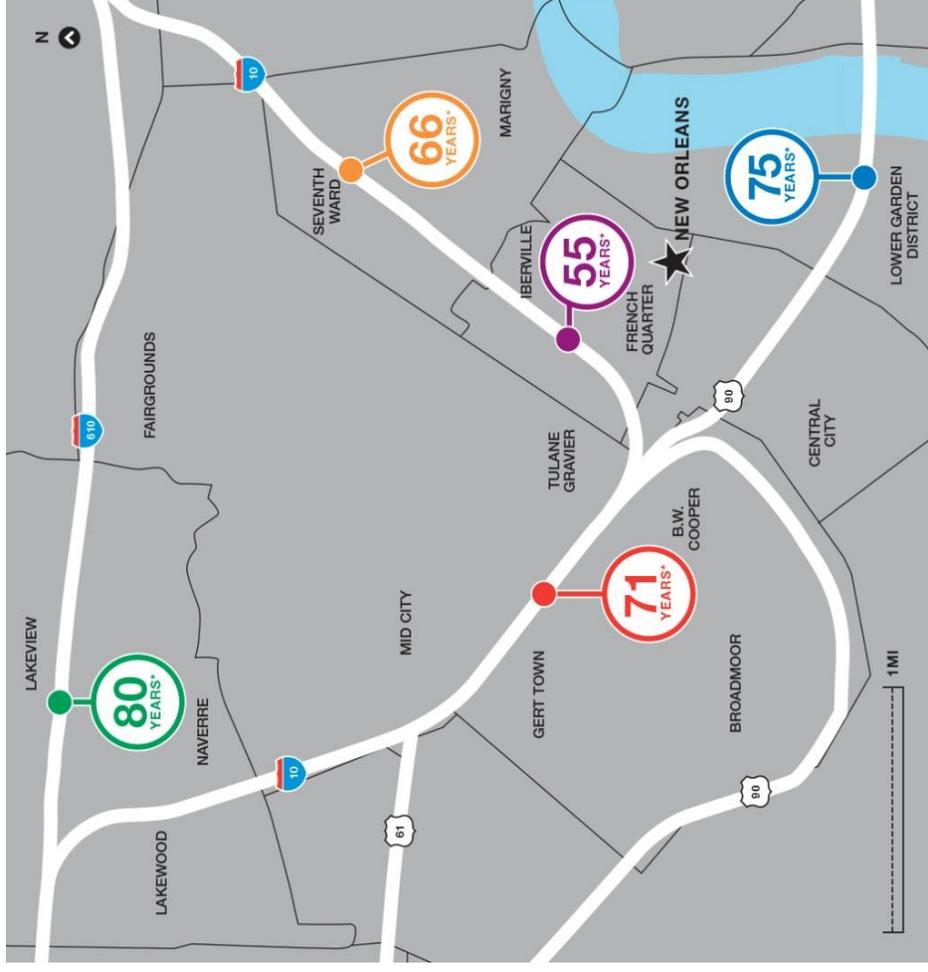
Community Reinvestment Act (CRA)

- Enacted to prevent redlining and encourage financial institutions to **help meet the credit needs of all segments of their communities**
- Each bank is evaluated on **how well it serves its “assessment area”**
- Community development activities (**loans, investments and services**)
 1. Affordable housing
 2. Community services targeting low- and moderate-income (LMI) individuals
 3. Economic development
 4. Revitalize or stabilize

ZIP Code Matters

“Across America, babies born just a few miles apart have dramatic differences in life expectancy.

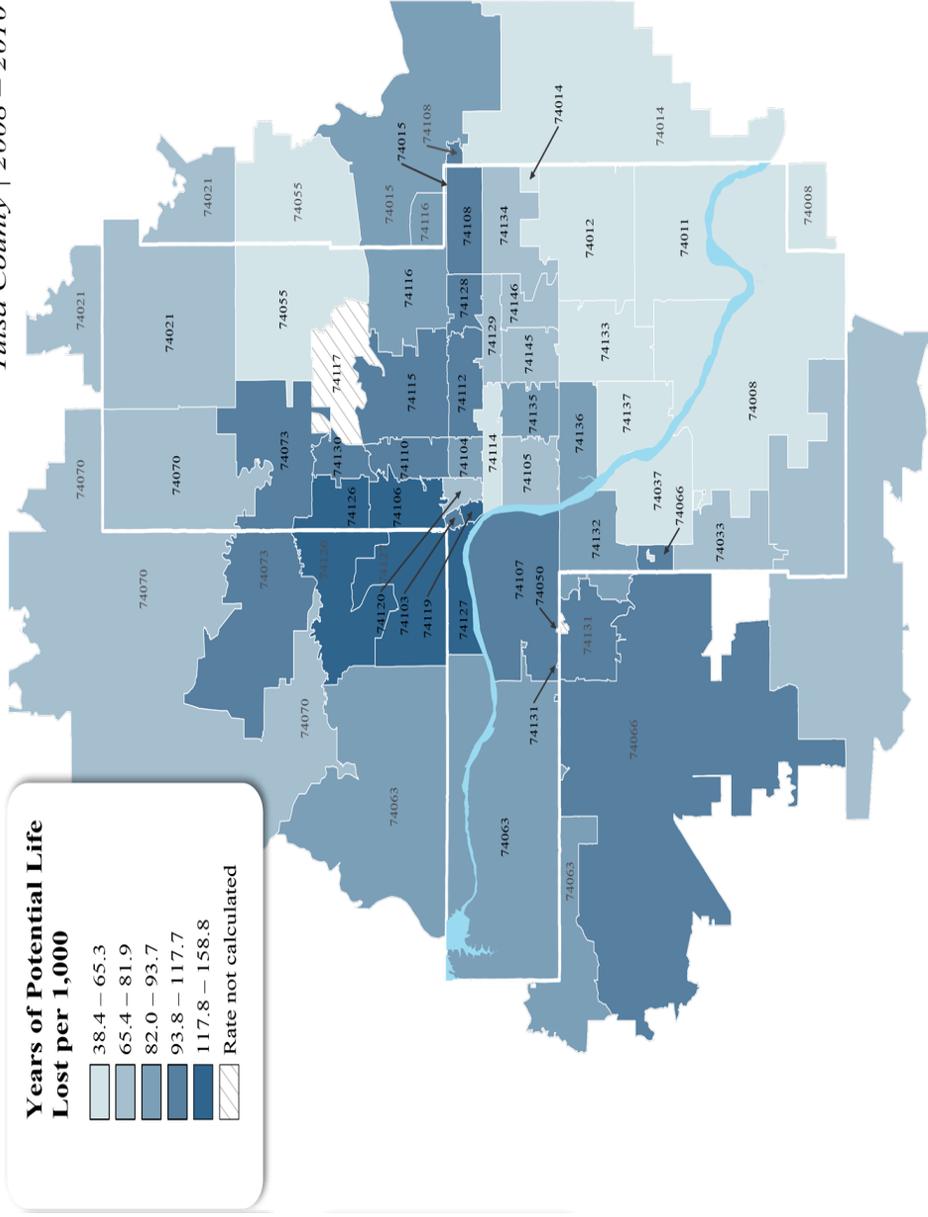
To improve health we need to improve people’s opportunities to make healthy choices—in the places where they live, learn, work and play.”



ZIP Code Matters

Years of Potential Life Lost

Tulsa County | 2008 – 2010

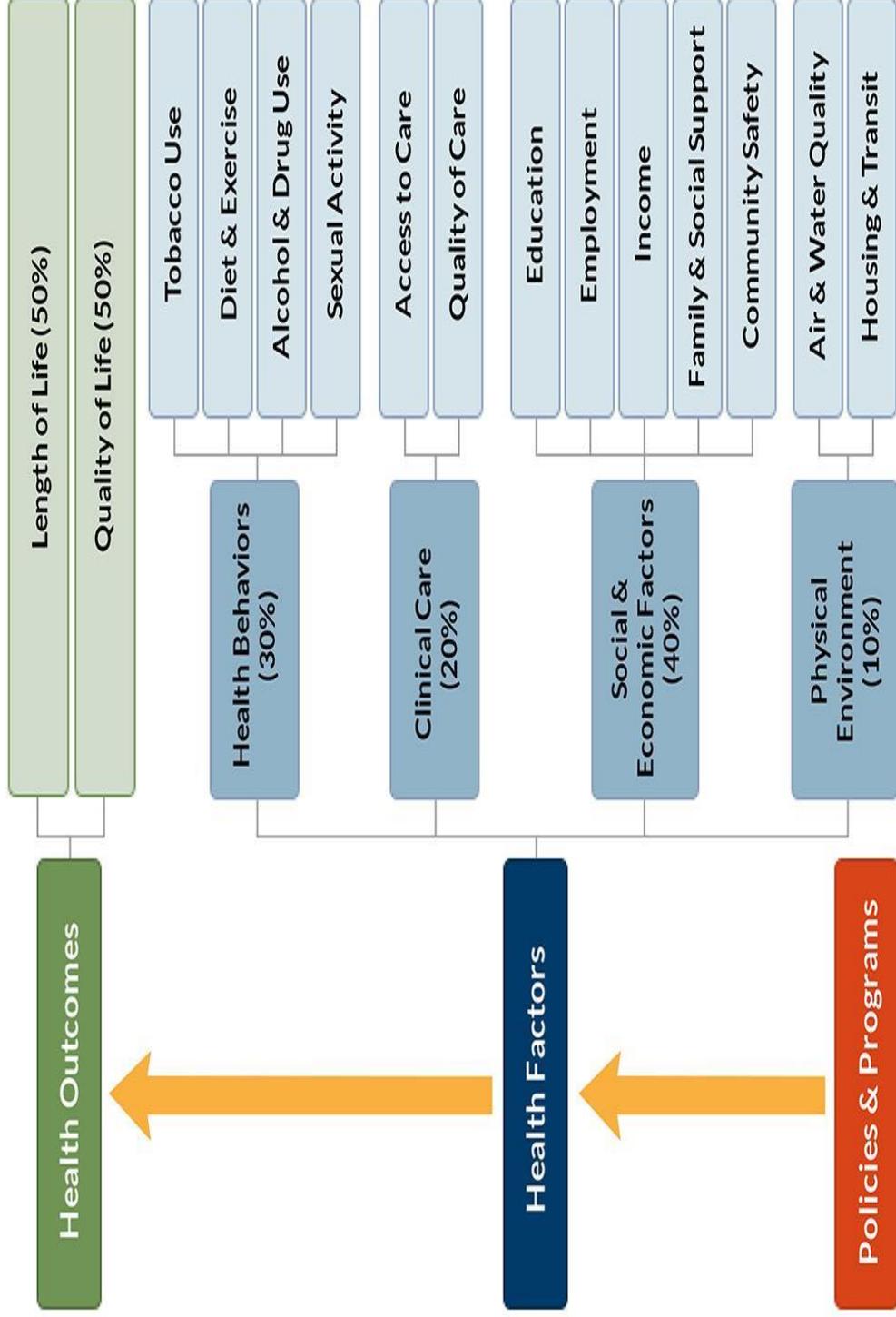


The ZIP Code Improvement Business

The Community and Economic Development Industries:

- Build high-quality, service-enriched **affordable housing**
- Support **small businesses and entrepreneurship**
- Finance **community facilities** (e.g., health clinics, child care centers, charter schools, grocery stores, shelters, community centers)
- Helping individuals build and repair their credit and access **quality financial products and services**

Health & CED Industries' Common Interests: SOCIAL DETERMINANTS OF HEALTH



County Health Rankings model © 2014 UWPHI

PRACTICAL APPLICATION: Public Health Accreditation Standards

The Essential Public Health Services and Core Functions

1. Monitor Health
2. Diagnose & Investigate
3. Inform, Educate, Empower
4. Mobilize Community Partnerships
5. Develop Policies
6. Enforce Laws
7. Link to/Provide Care
8. Assure Competent Workforce
9. Evaluate

PRACTICAL APPLICATION: Public Health Accreditation Standards

- Standard 1.1:** Participate in or Lead a Collaborative Process Resulting in a **Comprehensive Community Health Assessment**
- Standard 1.3:** Analyze Public Health Data to Identify Trends in...**Social and Economic Factors That Affect the Public's Health**
- Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to **Support Prevention and Wellness**
- Standard 4.1:** **Engage with ...the Community in Identifying and Addressing Health Problems through Collaborative Processes**
- Standard 5.2:** **Conduct a Comprehensive Planning Process** Resulting in a Tribal/State/Community Health Improvement Plan
- Standard 6.1:** **Review Existing Laws** and Work with Governing Entities and Elected/Appointed Officials to **Update as Needed**
- Standard 8.1:** Encourage the Development of a Sufficient Number of **Qualified Public Health Workers**

WHO TO ENGAGE: Banking, Community & Economic Development Industries



Identifying Opportunities

Healthy Communities Checklist

- Access to Healthy Food
- Access to Medical Care
- Aesthetics: Landscaping, Art, Culture
- Air, Soil and Water Quality
- Building Financial Capacity
- Built Environment
- Early Childhood Development
- Education
- Employment
- Entrepreneurship
- Personal/Public Safety
- Physical Activity
- Public Transportation
- Senior Needs: Accommodation, Care, Services
- Social Networks/
Social Environment
- Social Services

These components are integral to healthy, vibrant, resilient communities.

Appendix: List of Experts

Example: NeighborWorks

- The NeighborWorks Network
- Training and Certification
- Foreclosure Resources
- National Programs, including:
 - NW Community Building & Organizing Programs
 - NW Financial Capability Program
 - NW in Rural America
 - Success Measures
 - Green Organization Program

Healthy Communities Checklist:

- ✓ Air, Soil and Water Quality
- ✓ Building Financial Capacity
- ✓ Built Environment
- ✓ Employment
- ✓ Physical Activity
- ✓ Social Environment/
Community Engagement

HEALTHY COMMUNITIES

“Healthy Communities: A Framework for Meeting CRA Obligations” is available online at www.dallasfed.org/cd/healthy/index.cfm. Select the “CRA” tab for the full report, appendix and checklist.



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**Federal Reserve Bank of Kansas City
Community Development**

KansasCityFed.org/community

